

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

| | | | |
|---|---|------------|----------------------------|
| Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u> | Date of election if applicable: (Month, Day, Year) _____ | Date Stamp | CALIFORNIA FORM 461 |
| | | | 1/8 |
| | | | For Official Use Only |

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)
Blue Shield of California

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

RESPONSIBLE OFFICER

(If filer is other than an individual)

Darrin Lim

AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

☐ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

☒ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Health

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 181800.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 181800.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 181800.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/29/2019
DATE

By Darrin Lim
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|--------------------------------|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 2/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|--------------------|--|--|---|--|-----------------------|--|
| 01/02/2019 | California Democratic Party Sacramento CA 95811 ID: 741666 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Political Party Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 25000.00 | Calendar Year \$ 50000.00 Other \$ |
| 01/02/2019 | California Democratic Party Sacramento CA 95811 ID: 741666 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Political Party Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 25000.00 | Calendar Year \$ 50000.00 Other \$ |
| 01/02/2019 | Healthy California - Senator Bill Monning Ballot Measure Committee Sacramento CA 95815 ID: 1393802 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Bill Monning Ballot Measure Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 5000.00 | Calendar Year \$ 5000.00 Other \$ |
| 01/02/2019 | Lorena Gonzalez for Assembly 2020 Sacramento CA 95818 ID: 1414350 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Lorena Gonzalez State Assembly Person Assembly District NO: 80 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 4700.00 | Calendar Year \$ 8800.00 Other \$ |
| SUBTOTAL \$ | | | | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|--------------------------------|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 3/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|-------------|--|---|---|--|-----------------------|--|
| 01/02/2019 | Lorena Gonzalez for Assembly 2020 Sacramento CA 95818 ID: 1414350 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Lorena Gonzalez State Assembly Person Assembly District NO: 80 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 4100.00 | Calendar Year \$ 8800.00 Other \$ |
| 01/02/2019 | Moving California Forward A Committee Controlled by Anthony Portantino Sacramento CA 95814 ID: 1303923 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Moving California Forward A Committee Controlled by Anthony Portantino NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 15000.00 | Calendar Year \$ 20000.00 Other \$ |
| 01/02/2019 | Our Voice Our Vote, Lorena Gonzalez Ballot Measure Committee Encinitas CA 92024 ID: 1385557 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Our Voice Our Vote, Lorena Gonzalez Ballot Measure Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 6200.00 | Calendar Year \$ 6200.00 Other \$ |
| 01/02/2019 | Wilk for Senate 2020 San Diego CA 92119 ID: 1392822 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Scott Wilk State Senator Senate District NO: 21 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 1200.00 | Calendar Year \$ 4400.00 Other \$ |
| SUBTOTAL \$ | | | | | | |

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|----------------------------|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 4/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|-------------|--|--|---|---|--------------------|--|
| 01/02/2019 | Wilk for Senate 2020 San Diego CA 92119 ID: 1392822 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Scott Wilk State Senator Senate District NO: 21 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 3200.00 | Calendar Year \$ 4400.00 Other \$ |
| 02/06/2019 | Association of California Life and Health Insurance Companies Sacramento CA 95814 ID: 761012 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | General Purpose Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 7800.00 | Calendar Year \$ 7800.00 Other \$ |
| 02/06/2019 | California Association of Health Plans PAC Sacramento CA 95814 ID: 950541 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | General Purpose Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 7800.00 | Calendar Year \$ 7800.00 Other \$ |
| 02/06/2019 | Disability PAC; Sponsored by Association of California Life & Health Insurance Companies Sacramento CA 95814 ID: 1252379 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | General Purpose Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 7800.00 | Calendar Year \$ 7800.00 Other \$ |
| SUBTOTAL \$ | | | | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|--------------------------------|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 5/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|--------------------|---|---|---|---|-----------------------|--|
| 02/21/2019 | Tom Daly for Assembly 2020 Sacramento CA 95814 ID: 1415111 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Tom Daly State Assembly Person Assembly District NO: 69 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |
| 03/04/2019 | Californians for High Quality and Affordable Health Care Sacramento CA 95814 ID: 1379593 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | Californians for High Quality and Affordable Health Care Political Action Committee | Californians for High Quality and Affordable Health Care NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 15000.00 | Calendar Year \$ 15000.00 Other \$ |
| 03/04/2019 | Orange County Employees Association Independent Expenditure Committee Sacramento CA 95814 ID: 1291884 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | Orange County Employees Association Independent Expenditure Committee | Orange County Employees Association Independent Expenditure Committee NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 3000.00 | Calendar Year \$ 3000.00 Other \$ |
| 03/04/2019 | Taxfighters for Brian Dahle for Senate 2019 San Francisco CA 94108 ID: 1416350 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Brian Dahle (IEC) State Senator Senate District NO: 1 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 25000.00 | Calendar Year \$ 25000.00 Other \$ |
| SUBTOTAL \$ | | | | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|--------------------------------|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 6/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|--------------------|---|--|---|--|-----------------------|--|
| 03/06/2019 | Dr. Richard Pan for Secretary of State 2022 Sacramento CA 95815 ID: 1414511 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Richard Pan Secretary of State Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 1500.00 | Calendar Year \$ 1500.00 Other \$ |
| 03/06/2019 | Hurtado for Senate 2022 Sacramento CA 95814 ID: 1414453 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Melissa Hurtado State Senator Senate District NO: 14 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 1500.00 | Calendar Year \$ 1500.00 Other \$ |
| 03/15/2019 | Lena Gonzalez for Senate 2019 Sacramento CA 95814 ID: 1415216 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Lena Gonzalez State Senator Senate District NO: 33 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2500.00 | Calendar Year \$ 2500.00 Other \$ |
| 03/21/2019 | Sabrina Cerventes for Assembly 2020 Sacramento CA 95814 ID: 1414122 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Sabrina Cerventes State Assembly Person Assembly District NO: 60 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 1500.00 | Calendar Year \$ 1500.00 Other \$ |
| SUBTOTAL \$ | | | | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|---|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 7/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|--------------------|---|--|---|---|-----------------------|--|
| 03/21/2019 | Susan Rubio for Senate 2018 Sacramento CA 95814 ID: 1392890 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Susan Rubio State Senator Senate District NO: 22 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |
| 03/22/2019 | Autumn Burke for Assembly 2020 Sacramento CA 95814 ID: 1414347 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Autumn Burke State Assembly Person Assembly District NO: 62 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |
| 03/22/2019 | Blanca Rubio for Assembly 2020 Sacramento CA 95814 ID: 1414082 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Blanca Rubio State Assembly Person Assembly District NO: 48 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |
| 03/22/2019 | Hertzberg for State Controller 2022 Sacramento CA 95814 ID: 1413987 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Robert Hertzberg State Controller Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |
| SUBTOTAL \$ | | | | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

| | |
|--|----------------------------|
| Statement covers period from 01/01/2019 through 03/31/2019 | CALIFORNIA FORM 461 |
| | 8/8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|------------|--|--|---|--|--------------------|--|
| 03/22/2019 | Jim Wood for Assembly 2020 Sacramento CA 95814 ID: 1414195 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Jim Wood State Assembly Person Assembly District NO: 2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |
| 03/22/2019 | Moving California Forward A Committee Controlled by Anthony Portantino Sacramento CA 95814 ID: 1303923 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Moving California Forward A Committee Controlled by Anthony Portantino NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 5000.00 | Calendar Year \$ 20000.00 Other \$ |
| 03/22/2019 | Tom Umberg for Senate 2018 Sacramento CA 95814 ID: 1403029 Reference No: | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | Tom Umberg State Senator Senate District NO: 34 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | 2000.00 | Calendar Year \$ 2000.00 Other \$ |

SUBTOTAL \$ 181800.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660